

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. APPLICANT'S	10/517340	FILING DATE
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12/9/09 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1					1	
2					1	
3					1	
4					1	
5					1	
6					1	
7					1	
8					1	
9					1	
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45					1	
46					1	
47					1	
48					1	
49					1	
50					1	
TOTAL IND.			↓	↓	↓	↓
TOTAL DEP.	←	26	←	26	←	←
TOTAL CLAIMS		27		27		

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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96						
97						
98						
99						
100						
TOTAL IND.			↓	↓	↓	↓
TOTAL DEP.	←	26	←	26	←	←
TOTAL CLAIMS		27		27		

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